

Foreword

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This guide has been prepared to help you in transition to the Seabees from other duty stations and functional communities, or in some cases, directly from the civilian sector directly to your first duty station. The information contained in this guide is far from a complete text that presents everything you need to function in the operational community, but should provide most of the Seabee specific information you require.

I strongly recommend the *Virtual Naval Hospital* as a fairly complete and comprehensive addition to your operational medical library, available from BUMED on CD-ROM by request from cartographer@vnh.org or on the web at www.vnh.org. From humble origins, VNH has grown into a tremendous reference asset. It is not only an excellent source for many clinical topics not covered here, but also contains the GMO Manual, Preventive Services Handbook, Operational OB-GYN Manual and a number of other valuable references and instructions. Self-aid and buddy-aid topics are provided, which are suitable for training of non-medical unit personnel, and are provided, (along with other books and manuals) compliments of the US Army.

Physician or Dentist, Corpsman or Dental Technician, each of you has been trained in the requisite skills to perform your clinical duties, whether through professional school and PGY-1+, or “A” and “C” schools. The purpose of this document is NOT to provide a review, enhancement or re-enforcement of those clinical skills. Rather, this manual was designed for use in conjunction with Field Exercise (FEX) training and VNH to assist you in preparation for medical support of Seabee operations during peace or war. This requires an understanding not only of organization, structure and function of the unit to be supported, but also where and how that unit interconnects within the same and other services. It requires early, active, hands on involvement in the whole process of operations, from the initial planning phase to the final “lessons learned”, for pass down so that others may learn from your efforts, experience – and mistakes. Mistakes are an acceptable part of the learning process. Better at a FEX than when the chips are down.

Readiness is the overarching goal of the line commander. His unit must be ready to deploy for any contingency at all times, including war. Every member of the staff works toward that common goal. All training is devised in such a way as to keep that unit in a constant state of readiness. The medical Department must do no less. While clinical ability and practice experience is very important to bring to the unit, it is but a small part of the medical department’s overall responsibility. Individual readiness, physical and mental, of both medical and unit personnel requires constant monitoring and attention. Training, whether to enhance and improve medical skills, or to operate in the field with maneuver elements, should be constant as well. Readiness also requires careful planning and never ending maintenance, from the earliest indication of impending deployment or contingency operation, to its successful completion. What are the climactic conditions in the area of operations? The endemic disease and other health threats to be considered? The enemy threat? The evacuation routes for the sick or wounded? Where are other assets to be found? How does re-supply work? What is the best location to set up the

Battalion aid station? The questions go on and on, but the answers must be supplied long before they are needed in the field.

During World War II, Sir General Slim, in His Majesty's service in the China-Burma-India Theater stated that his losses from malaria were far greater than from enemy action, and very nearly ended his conduct of the campaign. 84% of his force became casualties of malaria. That threat is no less today, and may. In fact, be a greater one with multi-drug resistance developing globally. Now, as it was then, force protection is critical to success in U. S. military operations. Operational medical and dental support is almost exclusively preventive and occupational in nature, and prevention should be considered your primary mission. When that fails, you will be required to fall back on your treatment skills. The few clinical sections included (other than trauma) are those which are of some military specific significance, and not necessarily found in most medical texts in quite the same way.

In writing this guide, there was no intent to insult anyone's background, training or experience in providing operational support to active or reserve forces. The information provided is with the full realization that for some, this may be your first operational assignment, or indeed, your first real exposure to military service, and for some, old hat. For purposes of this guide, little or no distinction is made between; active and reserve forces, medical or dental, officer or enlisted. It is a core of information which it is hoped will help you in understanding of your mission, where you fit in, and where to go for help when you need it.

The information contained in this guide has been taken from many sources, and tailored to reflect the unique mission of the Seabees. A list of useful Points of Contact has been supplied, with the full understanding that it is far from a complete list, and that numbers seem to be changed with far more frequency than in the past. But, they should at least point you in the right direction for help in those areas that are either not covered, or not well enough covered to answer all your questions.

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